



Takoma Park City TV

Program Dub Request

Date of Request: _____

Name of Requestor: _____ Phone: _____

E-mail Address: _____

Address (if tape is to be mailed): _____

Program title(s)/Date if applicable: _____
(for example, 1/23/04 City Council meeting)

Special Instructions (if any): _____

Fees: VHS Dubs: \$15.00; DVD (selected programs only: \$20)

Dubs for City staff or elected officials to view and return will not be assessed a fee. Note:
Council Meeting dubs are NOT available in DVD.

INVOICE

_____ VHS Tapes at \$15 each:	_____
_____ DVDs at \$20 each:	_____
_____ Postage/handling (if applicable) @ \$3.00 per item:	_____
_____ Other charges: _____	_____

Checks payable to <i>City of Takoma Park</i> :	TOTAL:	_____
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Dub(s) will be: _____ picked up at Finance Window
_____ mailed
_____ Other: _____

Takoma Park City TV

City of Takoma Park - 7500 Maple Avenue - Takoma Park MD 20912

VOICE: (301) 891-7118 FAX: (301) 270-8794

email: cabletv@takomagov.org

see full program schedule at: www.cityoftakomapark.org/cable

STAFF USE: Date Request Rec'd: _____ Purchaser contact/date: _____

Notes: _____